



REQUEST FOR TD FORM W-2C

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Send the completed original request form to VAFSC, 1615 Woodward Street, Austin, TX 78772. Attn.: 0475B.

NOTE: All employees requesting corrections should be notified that the original Treasury Department Form W-2c when applicable. Upon receipt of the Treasury Department Form W-2c, Payroll Offices will update their Master Treasury Department Form W-2 listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

| | | |
|--|---------------------------|---|
| YEAR BEING CORRECTED | STATION NO. | CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION |
| EMPLOYEE'S CURRENT SOCIAL SECURITY NO. | | EMPLOYER'S FEDERAL EIN 74-1612229F |
| EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) | | EMPLOYER'S NAME AND ADDRESS Department of Veterans Affairs Austin Automation Center 1615 Woodward Street Austin, TX 78772 |
| Complete ONLY if previously reported information was incorrect | EMPLOYEE'S SSN (Original) | EMPLOYEE'S NAME (As shown on original) |

NOTE: If previously reported money figures were correct. DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A,B, and C only to those items requesting change. If employee has more than one State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

| CHANGES TO TD FORM W-2 | ITEM | A. AS ORIGINALLY REPORTED | B. CORRECT INFORMATION | C. INCREASE (DECREASE)(B less A) |
|------------------------|--|---------------------------|------------------------|----------------------------------|
| | 1. WAGES, TIPS, OTHER COMP. | | | |
| | 2. FED. INCOME TAX WITHHELD | | | |
| | 3. SOCIAL SECURITY WAGES | | | |
| | 4. SOCIAL SECURITY TAX WITHHELD | | | |
| | 5. MEDICARE WAGES | | | |
| | 6. MEDICARE TAX WITHHELD | | | |
| | 9. ADVANCED EIC PAYMENT | | | |
| | 13A. 401K (TSP) (D) | | | |
| | 13D. NON-TAXABLE MER (P) (Moving Expenses Reimbursements) | | | |
| | 14A. TAXABLE MER (Moving Expenses Reimbursements) | | | |
| | 14B. TAXABLE EPV (Employer Provided Vehicle) | | | |
| | 14C. PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable) | | | |
| | 14D. HTH-HEALTH BENEFIT (Non-taxable) | | | |
| | 17. STATE WAGE | | | |
| | 18. STATE TAX WITHHELD | | | |
| | 20. LOCAL WAGE GSA CODE | | | |
| | 21. LOCAL TAX WITHHELD | | | |

| ADJUSTMENT TRANSACTION | ITEM | A. AS ORIGINALLY REPORTED | B. CORRECT INFORMATION | C. INCREASE (DECREASE) |
|------------------------|-----------------------|---------------------------|------------------------|------------------------|
| | OASDI WAGES | | | |
| | OASDI TAX WITHHELD | | | |
| | MEDICARE WAGES | | | |
| | MEDICARE TAX WITHHELD | | | |

| QTR | OASDI WAGES | OASDI TAX | MEDICARE WAGES | MEDICARE TAX | APPROPRIATION |
|-----|-------------|-----------|----------------|--------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 4 | | | | | |

| | | | | | |
|---|-------------------|--------------------|---------------------------------|------------|---------------------|
| NORMAL HOURS | PAY BASIS | DUTY BASIS | COST CENTER | SUBACCOUNT | FTE EQUIVALENT |
| SEPARATION DAY NO. | Q & S STATION NO. | FUND CONTROL POINT | DATE OF BIRTH | PAY PLAN | TYPE OF APPOINTMENT |
| REASON FOR CORRECTION (Late recording of moving expenses, cancelled checks, etc.) | | | SIGNATURE OF CERTIFYING OFFICER | | DATE |